



STATE OF MISSISSIPPI
PHIL BRYANT, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
RICHARD A. BERRY
EXECUTIVE DIRECTOR

July 2, 2014

To: Olivia Y. Court Monitor Grace Lopes and Julia Davis of Children's Rights Inc.

Re: Reduction of Maltreatment in Care

The *Olivia Y.* Modified Settlement Agreement, Year 4 Plan, stipulates that

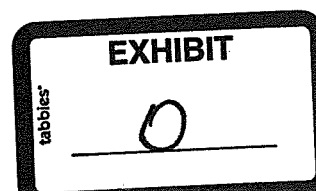
within 30 calendar days of receiving the Monitor's written findings from the maltreatment in care investigations assessment, Defendants shall provide to Plaintiffs and the Monitor a letter identifying strategies for reducing the rate of maltreatment in care (the 'MIC Reduction Letter'), having considered the information provided in the expert assessment in determining the strategies. Defendants shall begin implementing the strategies within 30 calendar days of completion of the MIC Reduction Letter

Y4IP §.II.A.2.

The aforementioned assessment was received at MDHS/DFCS on June 3, 2014. The recommended Remedial Strategies, beginning on page 35, section 4, of the MIC Assessment were considered in determining the included strategies.

The prevention of child maltreatment, whether in birth families, resource families, or other settings outside of the home, is a priority for MDHS/DFCS. In efforts to prevent child maltreatment in care¹ (MIC) specifically, we are implementing an Agency-wide preventive approach including but not limited to the careful selection, preparation, and training of resource parents; utilizing performance-based contracting to improve the care provided to children in therapeutic foster homes, group homes and emergency shelters; and, implementing a plan to improve the quality and timeliness of investigations of maltreatment in care with the establishment of a centralized maltreatment in care investigation unit designed to respond consistently to reports of MIC. In addition, the Agency has agreed to seek and facilitate access to

¹ For the purpose of this letter, "maltreatment in care" refers to the maltreatment of any child in DFCS custody, whether the maltreatment is caused by a resource parent or other perpetrator.



DHS
363327

community resources to help prevent child maltreatment and placement disruption in resource homes.

Foster Parent Selection, Preparation, and Training

A team consisting of staff from the State Office Permanency Unit, resource and adoption staff from the regions, and contracted placement providers was called upon to make a recommendation for new resource parent training curriculum. The team reviewed a number of different curricula and recommended that MDHS/DFCS adopt the PS-MAPP training curriculum. PS-MAPP stands for Permanence & Safety-Model Approach to Partnerships in Parenting.

PS-MAPP provides a structural format by which prospective foster and adoptive families make decisions about their ability, willingness and readiness to participate in the foster care and adoptive program. An important decision for families is to determine their desire and ability to work as partners in permanency planning. Making an informed decision requires that families assess their current skills as parents and their ability to develop the skills necessary for success in fostering or adopting.

The ten sessions are one of several preparation and mutual selection components² that comprise the training. Each component is designed to enable participants to develop ability and skills to be effective and satisfied foster parents or adoptive parents, as well as to assess their willingness and readiness to assume the roles.

The PS-MAPP Program is designed to help prospective adoptive and foster families develop five abilities that are essential for resource parents to promote children's safety, permanence and well-being:

- Foster and foster/adoptive parents will be able to meet the developmental and well-being needs of children and youth coming into foster care, or being adopted through foster care.
- Foster and foster/adoptive parents will be able to meet the safety needs of children and youth coming into foster care, or being adopted through foster care.
- Foster parents will be able to share parenting with a child's family.
- Foster parents will be able to support concurrent planning for permanency.
- Foster and foster/adoptive parents will be able to meet their family's needs in ways that assure a child's safety and well-being.

These goals are supported through a mutual selection process which emphasizes open communication and trust between prospective foster families, adoptive families and child welfare workers, using common criteria for assessment and a problem-solving approach to areas of concern.

As the needs of children in foster care and adoptive placement continually grow more challenging, persons wishing to become adoptive or foster parents need a complete

² "Mutual selection" refers to the process by which families decide whether they want to pursue licensure and the agency determines whether the family is appropriate for licensure at the same time.

understanding of their roles along with the rights and obligations that accompany the delivery of foster care services. For foster parents, this partnership requires fulfilling tasks as diverse as helping a child go home or becoming that child's adoptive parent. The PS-MAPP approach emphasizes shared decision-making and problem-solving, which are integral to building mutual trust and teamwork. Administering appropriate, non-physical discipline and helping children learn to control their behaviors are part of this approach.

In addition to the new curriculum, MDHS/DFCS is exploring the possibility of contracting the training for new resource parents. This will provide for consistency in training, while freeing up current licensure staff to provide more support to existing resource families. It is the expectation that the increased time and attention provided to resource families, in combination with better and more consistent training for new families, will contribute to an overall reduction in MIC. Existing resource parents will also have opportunities for ongoing training that will focus on the reduction of MIC. This training will be offered across the state and the MIC Assessment will be utilized in identifying and/or developing on-going training curriculum. Developing and providing the ongoing training consistently across the state and making it accessible to all resource parents should also contribute to a reduction in MIC.

Along with the above strategies, a request for proposals (RFP) is under development for proposals from providers to conduct the S.A.F.E. Home studies for prospective resource homes. The chosen contractor(s) will present the home studies to the Agency which will then make the final licensing decisions and issue resource parent licenses. The goal is to increase the numbers of available homes in order to provide for better matching of children to families, increase the number of children placed within close proximity to their families of origin, and enable more parent and sibling visits. Contracting out the home study process will allow existing staff to focus more time and energy on licensing relative foster homes and to providing more and better supervision and oversight to all resource homes.

Performance Based Contracting

MDHS/DFCS is developing a performance-based contracting system that will apply to the following places where MIC is a concern: group homes, emergency shelters and privately-licensed foster homes. Five subcommittees have been formed to plan the conversion to performance-based contracts: data, monitoring/reporting, administrative, clinical, and fiscal. The subcommittees are made up of MDHS staff and representatives of private agencies. Each subcommittee will be co-chaired by an MDHS employee and a private agency representative. Co-chairs from each subcommittee will join the executive steering committee (which also includes MDHS/DFCS upper management) and present the subcommittees' recommendations. It is anticipated that the new contracts will start to roll out in 2016. The subcommittees will recommend the indicators to be tied to the incentives and/or penalties. MDHS/DFCS members of the subcommittees and the executive steering committee will propose and consider indicators related to MIC, such as the absence of MIC and placement stability.

Special Investigations Unit

MDHS/DFCS is in the process of implementing a new, centralized special investigation unit that will be responsible for investigating all of the MIC reports statewide. This unit is known as the Special Investigations Unit (SIU) and the goal of the SIU is to improve both quality and consistency of MIC investigations. The SIU will be fully staffed by June 30, 2014, with special investigators who are classified as Family Protection Specialist Advanced; meaning that each special investigator is licensed to practice social work in Mississippi and has at least four years of experience in social work. Every special investigator will have the ability to assess the complex situations that are presented in MIC investigations and make good decisions and recommendations that will prevent repeat MIC.

In addition to having qualified staff, having a centralized unit will provide for consistent consultation and decision making across the state. (*Remedial Strategies, pages 37 and 38, section 4.2*). During each MIC investigation, the SIU investigator will work with the regional resource unit as required by policy and the MSA and will share all relevant information with the resource staff that may impact the home's licensure status. All of the investigations completed by the SIU have and will continue to conclude with sending a notification of findings letter.

The SIU currently consists of the Director and thirteen special investigator positions. However, MDHS/DFCS Administration has allocated two additional DD II Pins; one for the northern half of the state and one for the southern half, who will directly supervise the special investigators thereby providing an additional layer of supportive supervision and coaching to the thirteen special investigators. Advertisement of these positions has been requested with the following special qualifications: MSW, social work license, and five years of supervisory experience.

Once all of the positions in the SIU are filled, the team will participate in specialized trainings regarding investigations, and the intent is that these trainings are of a multidisciplinary nature. These trainings will be in addition to the one-day MIC Investigation training that the workers must all complete prior to assuming any investigatory responsibilities.³ From January through June of 2014, the emphasis has been on recruiting and hiring the investigators; now, efforts will be shifted to identifying the most effective training options. The Children's Justice Act board has committed an unspecified amount of funds for training for the unit. (*Remedial Strategies, page 38, section 4.3*).

As a result of the development and staffing of the SIU, policy revisions will be required. Policy review and assessment is currently ongoing and any revisions will take into account the assessments and recommendations from page 36, section 4.1 of the MIC Assessment.

Community Resources

MDHS/DFCS recognizes that the engagement of the community in child welfare issues leads to better outcomes for the children in care. MDHS/DFCS has recently (beginning March 2014) provided additional training and support to the leaders of the Regional Implementation Teams,

³ Three of the new special investigators were hired from outside of the agency and will have to complete pre-service training prior to assuming any investigative duties or participating in any other specialized training.

focusing on developing needed community resources and building relationships with existing resources.

The Mississippi Department of Mental Health has established a network of Mobile Crisis Response Teams to provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis; including resource homes. Mobile Crisis Response Teams work hand-in-hand with MDHS/DFCS, local law enforcement, Chancery Judges and Clerks, and the Crisis Stabilization Units to ensure a seamless process. Mobile Crisis Response Teams ensure an individual has a follow-up appointment with their preferred provider and monitors the individual until the appointment takes place. Mobile Crisis Response Teams target individuals experiencing a situation where the individual's behavioral health needs exceed the individual's resources to effectively handle the circumstances. Information regarding this program has been distributed to each MDHS/DFCS Region to provide to resource families to utilize in times of crisis; thereby reducing our numbers of MIC.

The Department of Mental Health MAP teams (Multidisciplinary Assessment and Planning teams) are also being utilized to provide services to foster children, which may increase placement stability and decrease maltreatment in care due to foster children's medical/behavioral challenges.

Continuous Quality Improvement

A supervisor has now been hired for the CQI-Safety Review Unit (SRU). The Unit is appropriately staffed for the volume of investigations it reviews. Safety and practice concerns identified by SRU may prevent repeat maltreatment and continually remind the field of policy and best practices.

CQI-Evaluation & Monitoring (EMU) plans to conduct a case review of a sample of recent MIC investigations to determine whether face-to-face contacts were made with both foster children *and* their resource parents in the months leading up to the MIC allegations, and whether those visits were of quality when they occurred. The results of this review will be presented to the State Implementation Team for further action.

Sincerely,

/s/ Kim Shackelford

Kim Shackelford
Deputy Administrator, DFCS